

457 Deferred Compensation
Distribution Notification

NAME: _____
SSN: _____
Phone No: _____
Address: _____

Please indicate your choice from the following:

Type of request:

_____ Resignation of Employment
_____ Retirement
_____ Disability Retirement
_____ Death
_____ Other

Effective Date:

☐

I would like to begin receiving distribution from this account

In order to begin distribution, withdrawal forms will be sent to you. You will be responsible for returning the completed forms to the City of José 30 days prior to your chosen distribution date.

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I do not wish to begin distribution

I understand I will keep the City informed of any address changes. I will notify the City of San José when I want funds distributed at least 30 days prior to desire payment date. You may choose to delay distribution of your account to a future date not to exceed April 1st of the calendar year following the year in which you reach age 70 1/2.

In order to avoid a lump sum distribution of your entire account, this form must be returned to the City of San José by _____.

Please send completed form to:
City of San José
Human Resources Department
200 E. Santa Clara St., Wing 2nd Floor
San Jose, CA 95113
Attn: Deferred Compensation

Voice: (408) 975-1465/ Fax (408) 999-0889

Signature

Date